

**Provider Inspection Summary**

For the period 06/01/2003 to 05/31/2006  
Community Based Residential Facility  
CLASS CNA (NONAMBULATORY)

STATE OF WISCONSIN  
Bureau of Quality Assurance  
P.O. Box 2969  
Madison WI 53701-2969

**Facility Information**

**Facility Name:** HEWITT HOUSE (610212)

**Address:** 11002 MAIN STREET, HEWITT, WI 54441

**License Status:** REGULAR

**Licensed/Certified/Registered** 09/16/1994

**Regional Office:** NORTHERN REGION (RHINELANDER), (715) 365-2800

**Survey History**

**Survey ID:** 0096760      **End Date:** 03/03/2006      **Type:** OTHER      **Purpose:** COMPLAINT

**Results:** ENFORCEMENT ACTION

**Statement of Deficiency:** #10009531    Served 04/19/2006

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
13.05(3)(a)	ENTITY ALLEGATION REPORTING REQUIREMENTS		
83.19(1)(e)1	ABUSE OR MISAPPROPRIATION OF PROPERTY		
83.19(3)(c)	INVESTIGATE ALLEGATION		
83.21(4)(m)	ABUSE, NEGLECT, OR MISAPPROPRIATION		
83.33(3)(i)1	RECORDS		
83.33(3)(j)2	RECORD KEPT OF RETURNED/DESTROYED MEDS		

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**Survey ID: 0095544      End Date: 08/23/2005      Type: STANDARD      Purpose: SURVEY**

**Results: ENFORCEMENT ACTION**

**Statement of Deficiency: #10009450    Served 09/17/2005**

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
50.065(2)(b)intro	ENTITY BACKGROUND CHECK REQUIREMENTS		
83.13(4)(a)	COMMUNICABLE DISEASE CONTROL		
83.13(7)(b)	PERSONNEL RECORDS AVAILABLE FOR REVIEW		
83.14(1)(d)	FIRE SAFETY, FIRST AID & CHOKING		
83.19(3)(f)	ACCIDENT RESULTS IN HOSPITALIZATION		
83.21(4)(w)	SAFE ENVIRONMENT		
83.32(2)(a)	INDIVIDUALIZED SERVICE PLAN-SCOPE		
83.33(3)(e)5	MEDICAL RECORD DOCUMENTATION		

**Survey ID: 0092303      End Date: 02/27/2004      Type: OTHER      Purpose: SELF REPORT**

**Results: STATEMENT OF DEFICIENCY ISSUED**

**Statement of Deficiency: #10009251    Served 04/09/2004**

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.42(3)(a)2	RESPONSE TO SERIOUS ILLNESS OR ACCIDENT	08/23/2005	Yes

**Survey ID: 0090979      End Date: 07/21/2003      Type: STANDARD      Purpose: SURVEY**

**Results: STATEMENT OF DEFICIENCY ISSUED**

**Statement of Deficiency: #10005224    Served 09/22/2003**

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.19(3)(f)	ACCIDENT RESULTS IN HOSPITALIZATION	02/06/2004	Yes
83.33(3)(e)4	UNIT DOSE OR UNIT TIME PACKETS	02/06/2004	Yes
83.53(2)(a)	DOORS EXCEPT PATIO DOORS	02/06/2004	Yes

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**Enforcement History**

**Date: 04/14/2006**      **SOD #10009531**      **Appealed: No**

Sanctions

FORFEITURE---13.05(3)(a)  
FORFEITURE---83.21(4)(m)

**Date: 09/14/2005**      **SOD #10009450**      **Appealed: No**

Sanctions

FORFEITURE---83.14(1)(d)

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**Complaint History**

**Date Complaint Received: 10/10/2005**

**Date Investigation Completed: 03/03/2006**

Subject Area(s)

ADMINISTRATION

Result

NOT SUBSTANTIATED

SOD #

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